

# Emergency Response Fund - Grant Application

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*Community Foundation of Johnson County*

## ORGANIZATION INFORMATION

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### Organization Name\*

*Character Limit: 100*

### Organization Address\*

*Character Limit: 250*

### EIN Number\*

*Character Limit: 100*

### Fiscal Sponsorship\*

Does your organization have a fiscal sponsor?

#### Choices

Yes

No

If you answered "Yes" to the above question, please upload the sponsorship agreement.

*Character Limit: 100 | File Size Limit: 5 MB*

## APPLICATION BASIC INFORMATION

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### Please name your request\*

*Character Limit: 100*

## COMMUNITY IMPACT

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### Please answer the following in short paragraphs:\*

Currently, what is the most significant impact of COVID-19 on your organization/those you serve?

*Character Limit: 250*

### Funding\*

How much funding are you requesting?

*Character Limit: 20*

### Request Description\*

Please provide a brief description of what the funding will be used for. Note: Priority is given to requests that address immediate needs.

*Character Limit: 250*

Is there any additional information you wish to share with the Granting Committee about your need?\*

*Character Limit: 250*

## APPLICATION SUBMISSION

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### Authorized Signature

I agree that:

I have read and understand the grant guidelines.

I am authorized by the organization to apply for this grant. When a grant check is cashed, the organization is obligated to use it for the purpose given in this application. If any portion of the funds cannot be used for the purpose in the application, the organization will return them to the CFJC.

**Important!** By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date you are:

- (1) representing that you are an officer or other agent for the Applicant duly authorized to enter into legally binding agreements on behalf of the Applicant
- (2) agreeing to submit this grant application in an electronic form on behalf of the Applicant which shall be bound by its contents as an electronic transaction
- (3) agreeing that you provided true, accurate, current and complete information
- (4) agreeing that your insertion of data into the following fields constituted an electronic signature

*Character Limit: 10*

### Name (Authorized Representative)\*

*Character Limit: 150*

### Title\*

*Character Limit: 50*

### Date\*

*Character Limit: 10*